



Building a Healthier Montana FREE of TOBACCO



MONTANA TOBACCO USE PREVENTION PROGRAM PROGRESS REPORT JULY 2010 - JUNE 2012

Mission & Goals

The mission of the Montana Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP is working to eliminate tobacco use, particularly among young people, via programs and policies throughout Montana.

- **Preventing initiation among youth and young adults** – Most people who start smoking are younger than 18 years of age, making intervening critical. Community programs and school-based policies and interventions should be part of a comprehensive effort, implemented in coordination across the community and school environments and in conjunction with increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, making environments smoke-free, and engaging in other efforts to create tobacco-free social norms.
- **Promoting quitting among adults and youth** – Interventions that increase quitting can decrease premature mortality and tobacco-related healthcare costs in the short-term.
- **Eliminating exposure to secondhand smoke** – Secondhand smoke causes premature death and disease in children and adults who do not smoke. There is no risk-free level of exposure to secondhand smoke.
- **Identifying and eliminating tobacco-related disparities among population groups** – Some populations experience a disproportionate health and economic burden from tobacco use; therefore, a focus on eliminating such tobacco-related disparities is necessary.

Message

From the Director



Anna Whiting Sorrell

Please stop and consider how tobacco addiction has affected your life and the lives of your family and friends. Few Montanans can say they have never known someone whose life has not been altered by commercial tobacco—be it a loss

of finances, death from lung cancer or heart disease, or the premature passing of a loved one. The diseases caused by tobacco addiction are still the leading causes of death in America and in Montana, claiming the lives of an average of four Montanans each day.

Tobacco addiction complicates many other serious chronic diseases such as diabetes, hypertension, asthma and mental illness. MTUPP is leading the cooperative effort to ensure that tobacco prevention and cessation are addressed throughout the state, providing a comprehensive money-saving approach and health improvement.

Please join me in thanking our partners, including our team of dedicated tobacco prevention specialists across Montana, by recognizing their accomplishments and supporting the important work being done in our communities. As you will see, this is a multi-faceted program and we invite you to join our efforts.

A handwritten signature in blue ink that reads "Anna Whiting Sorrell".

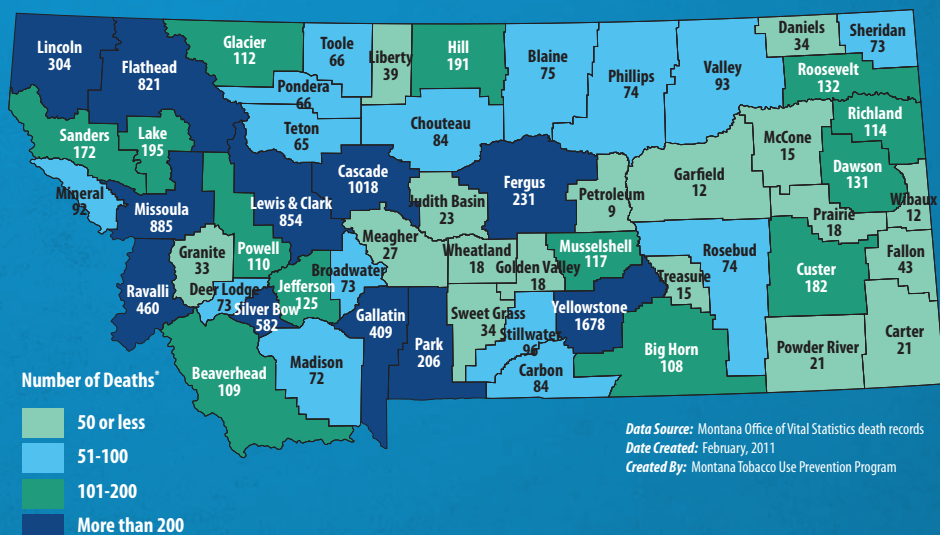
Anna Whiting Sorrell, Director,
Department of Public Health and Human Services

Tobacco trends

Tobacco use is the leading cause of preventable death and disease in Montana. Tobacco use causes many deadly diseases, including cardiovascular disease and cancer, the leading causes of death in Montana and the United States. An estimated 1,400 Montanans die from diseases caused by tobacco use every year.¹



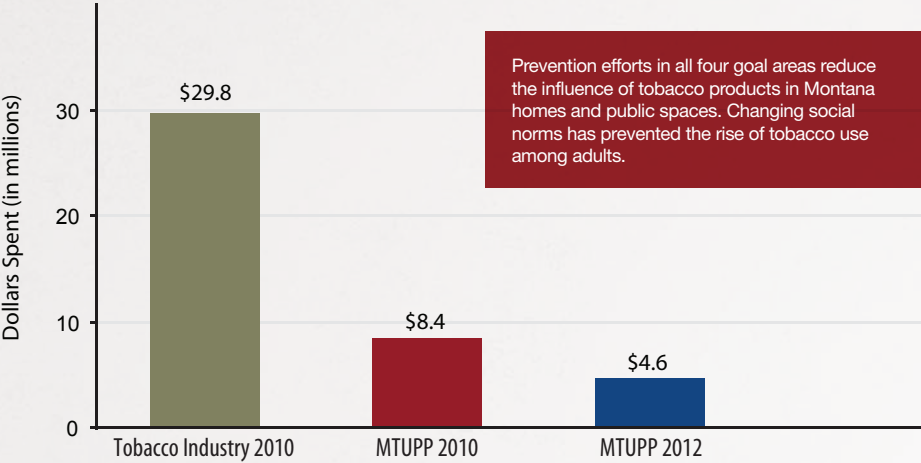
Number of Tobacco Related Deaths by County, 2004-2009, Montana



Data Source: Montana Office of Vital Statistics death records
 Date Created: February, 2011
 Created By: Montana Tobacco Use Prevention Program

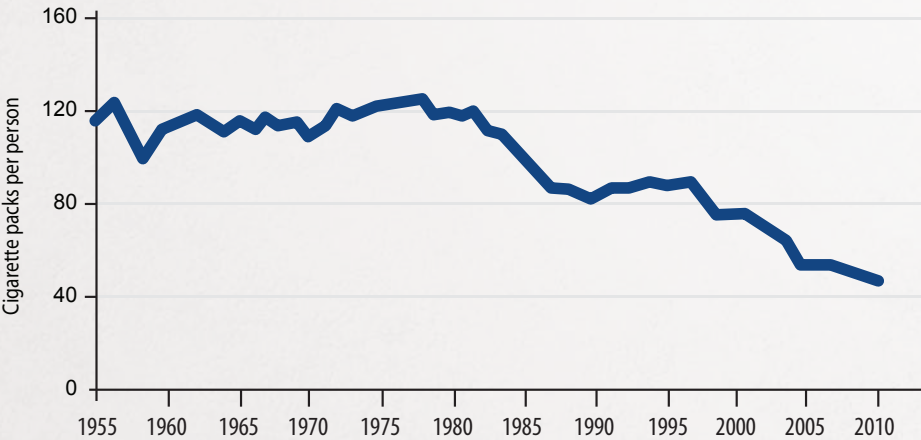
* Total statewide deaths, 2004-2009 = 10,798

Dollars Spent by Tobacco Companies on Marketing & Advertising vs. Dollars Spent by the State of Montana on Tobacco Prevention²



To counter the impact that Clean Indoor Air Acts have on cigarette sales, tobacco companies have increased their line of smokeless tobacco products—particularly products appealing to youth. Marketing for smokeless tobacco in the US rose 400% from 1986 to 2006. It rose another 54% to almost \$548 million from 2006 to 2008. Tobacco has become even more addictive due to increased nicotine content of tobacco products.⁴

Per Capita Cigarette Packs Sold in Montana, 1955-2011³

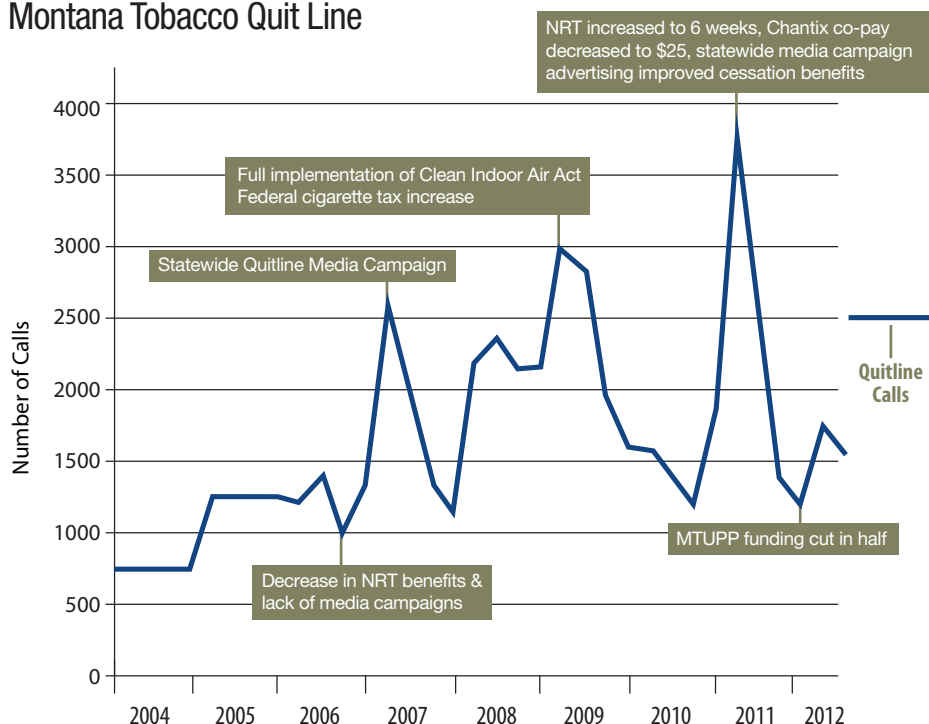


SPOTLIGHT

Quitting Tobacco

- *Montanans are using this free service and successfully quitting. There have been over 62,000 calls since 2004.⁵*
- *The **Montana Tobacco Quit Line** ranks in the top 10 in the country for comprehensive services provided.⁶*
- *The success rate for quitting is 40% higher for participants who receive both coaching and Chantix than for those who try to quit on their own.⁷*

Montana Tobacco Quit Line

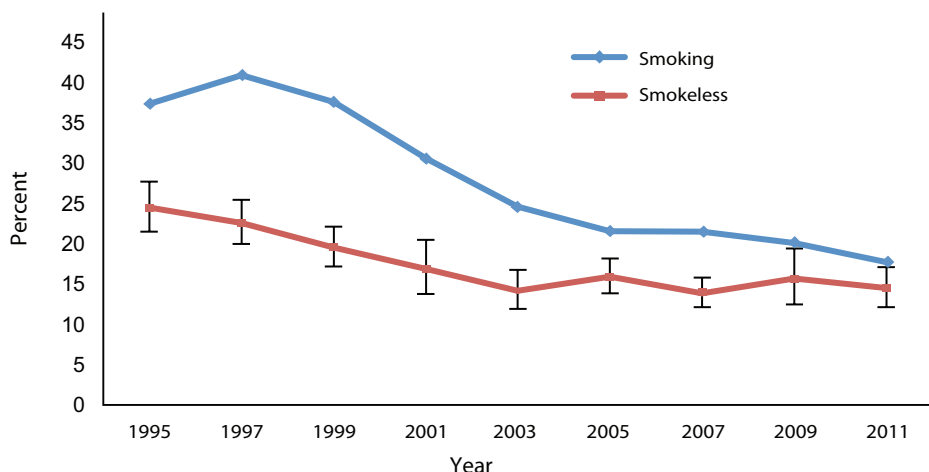


SPOTLIGHT

Youth Tobacco Prevention

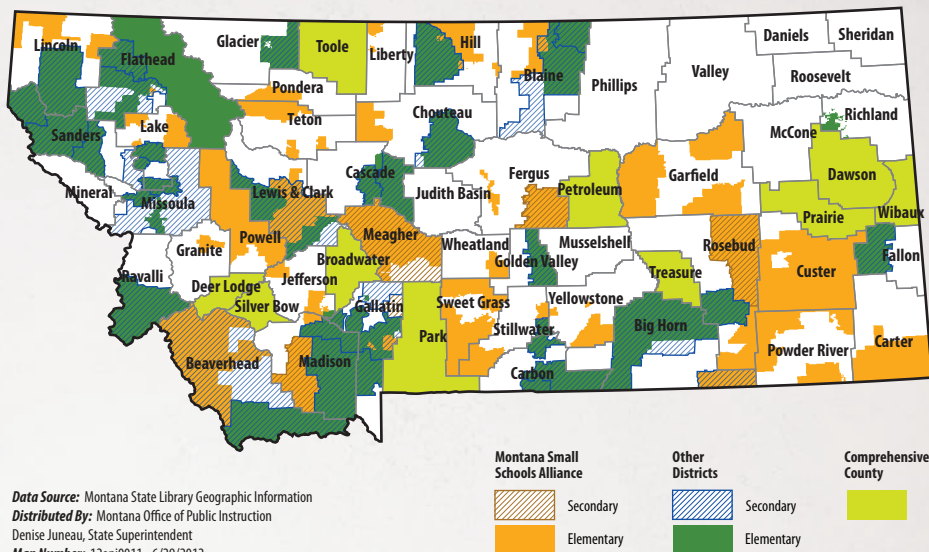
- Nearly 90% of tobacco users started before the age of 18, and 99% started before the age of 26.⁸ If all people under the age of 26 could be persuaded never to try any tobacco product, nearly 18,000 Montana youth could be spared an eventual death caused by tobacco-related illness.⁹
- All 60 MTUPP funded community and youth programs have a youth coalition affiliated with **reACT** Against Corporate Tobacco, who work to change the social norm so that our Montana youth never use tobacco.
- **reACT** also offers mini-grants across the state to local youth coalitions. Grant activities reached an estimated 5,000 teens and 10,000 adults across the state in FY 2012.

Prevalence of Tobacco Use Among Montana Youth
from 1995-2011, YRBS



ABOVE Smoking prevalence among Montana youth has been steadily declining since 1997. Smokeless tobacco use among this population has not significantly changed in the past 10 years.

Schools District with Comprehensive Tobacco Free School Policy as of June 2012



ABOVE MTUPP partners with the Office of Public Instruction to increase the number of Montana school districts who adopt Comprehensive Tobacco Free School Policy and provides media literacy training. As of June 2012, a total of 194 school districts (46%) have adopted Comprehensive Tobacco Free School Policy, compared to 23 school districts as of September 2010.

RIGHT Montana's youth tobacco prevention program, reACT, has partnered with the Montana High School Rodeo Association (MHSRA). As a result, in June 2011, MHSRA passed a comprehensive tobacco free policy, which prohibits tobacco use of any kind at all MHSRA sanctioned events.



COMMUNITY Partners Involved CITIZENS



more
than
97%

of Montanans are served by tobacco use prevention programs located in 50 counties, on seven American Indian reservations and two Urban Indian Centers.

Youth

- Youth smoking rates declined from 29% in 2001 to 17% in 2011.¹⁰
- 30% of Montana high school senior boys are current smokeless tobacco users.¹¹

Secondhand Smoke Exposure

- Secondhand smoke exposure, even for as little as 30 minutes, can cause heart attacks. People at risk for heart disease or stroke are particularly vulnerable.¹²
- 11% of adults were exposed to secondhand smoke at home¹⁴ and 33% of children were exposed while they were riding in cars.¹⁴



Quitting Tobacco

- People who use the quit line are 7–10 times more likely to successfully quit.¹⁵
- 63% of tobacco users want to quit.¹⁶

Tobacco-related disparities

- In 2010, the smoking rate for American Indian adults was 49%¹⁷
- 44% of Montanans in the lowest income bracket (<\$15,000) are current smokers compared to only 7% of Montanans in the highest income bracket (\$75,000+).¹⁸

SPOTLIGHT

Specific Populations

- 17% of Montana mothers smoked during their pregnancy¹⁹
- Prenatal exposure to tobacco smoke is associated with premature births, putting babies at risk for serious health problems and drastically increasing medical costs.²⁰

Montana Medicaid benefits

Tobacco dependence treatment is now more accessible than ever for clients of Montana Medicaid. They can access counseling from a wide variety of health professionals and licensed counselors and receive all FDA approved cessation medications. MTUPP and Montana Medicaid are working together to ensure that all clients are aware of these services. Medicaid clients comprised more than 10% of Montana Quit Line callers this past year.²¹





I've worked for years to improve my **mental** and **physical health** — and **smoking** was always in the way.

I knew I had to quit.

1-800-QUIT-NOW

There is help for tobacco users living with mental health and substance abuse disorders. **Call the Montana Tobacco Quit Line today.**

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-6447

Chemicals in tobacco smoke can make psychiatric medications less effective. After quitting, it may be possible to lower the doses of some medications.

This project is funded in part or in whole by grant number 5U49CE001677-03 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.

Consumers with Mental Illness or Substance Abuse Disorders

People with mental illness or addictions have some of the highest rates of tobacco use in the United States; people with psychiatric disorders smoke at rates almost twice as high as the general population (41% versus 22.5%, respectively).²³ MTUPP partnered with behavioral health service providers and consumers to reach this often-neglected group.

Site visits to outpatient treatment facilities helped raise staff and client awareness of the toll of tobacco on this disparate population and how tobacco use can interfere with recovery. This outreach included creating specialized health promotion materials, providing expert training for health professionals, fostering peer support programs, and offering assistance with the development of tobacco free policies and treatment options.



I felt trapped by my smoking.
But after working with my mental health therapist, I'm free from tobacco and living a richer, fuller life.

1-800-QUIT-NOW

Most people with a mental illness or substance use disorder would like to quit smoking. Many have quit. Effective treatment is available.

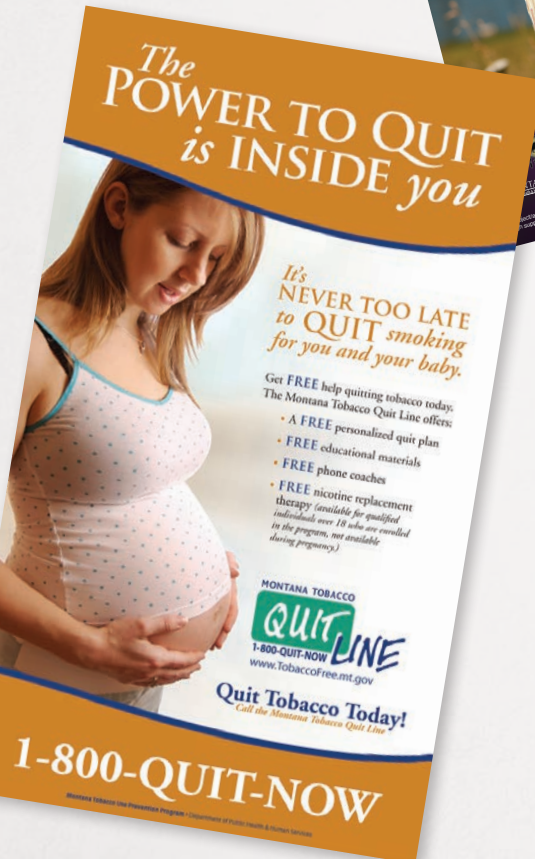
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American Indians

During February 2010 to June 2012, MTUPP met its goal of doubling American Indian callers to the quit line. Montana's seven tribes and two Urban Indian Centers were featured in an aggressive media campaign aimed at increasing knowledge of secondhand smoke and awareness of the quit line.



Pregnant Women

Most people know that smoking causes cancer, heart disease and other major health problems. But women who smoke during pregnancy put themselves and their unborn babies at risk for other health problems. The dangers of smoking during pregnancy include premature birth, certain birth defects and infant death.²²

Babies exposed to secondhand smoke are more likely to die from SIDS (Sudden Infant Death Syndrome).²⁰ Average first-year medical costs are about 10 times greater for preterm infants than for full-term infants.²⁰

SPOTLIGHT

Secondhand Smoke

Exposure to secondhand smoke increases the risk of health problems:

- *Heart disease, increased heart rate, increased blood pressure and heart attacks*
- *Lung cancer, emphysema, bronchitis, asthma attacks and pneumonia*
- *Ear infections, throat, nose and eye irritation*

Secondhand smoke knows no boundaries. Smokefree policies ensure healthier living for everyone:

- *Protect all people*
- *Reduce youth initiation and change social norms*
- *Encourage quitting*

Passing policies that prohibit smoking (smokefree policies) and the use of smokeless tobacco products as well (tobacco free policies) actively change the social norms related to tobacco use. They also create an environment that incentivizes and encourages tobacco users to quit. Studies have shown that challenging the perception of smoking as a normal adult behavior through smoke-free policies can change the attitudes and behaviors of adolescents. This can result in a reduction of the number of adolescents who start using tobacco.

Montana continues to work closely with medical campuses, college campuses and multi-unit housing owners and managers to encourage the adoption of smokefree and tobacco free policies. The map on the following page shows progress made over the last seven years. During the last two years alone, 32 new policies have been adopted across Montana, including those on 18 medical campuses, seven college campuses and seven housing authorities.

Tobacco Free & Smokefree

POLICY MAPS

2005

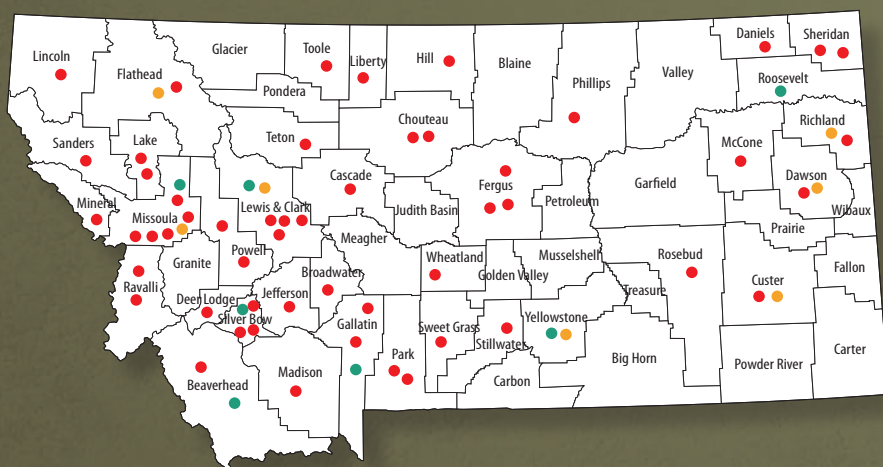


● Medical Campuses (Tobacco Free/Smokefree)

● Housing Authorities (Smokefree)

● College Campuses (Tobacco Free)

2012



Medical Campuses

Tobacco Free Policies

Barrett Hospital and Health Care, Dillon
BCBS of Montana, Helena
Big Sandy Medical Center, Big Sandy
Broadwater Health Center, Townsend
Butte Community Health Clinic, Butte
Central Montana Medical Center, Lewiston
Clark Fork Valley Hospital, Plains
Community Health Partners, Livingston
Community Hospital of Anaconda, Anaconda
Community Medical Center, Missoula
Daniel's Memorial Health Care Center, Scobey
Discovery Care Center, Hamilton
Gallatin Rest Home, Bozeman
Glen-wood Inc., Plentywood
Glendive Medical Center, Glendive
Holy Rosary Healthcare, Miles City
Kalispell Regional Medical Center, Kalispell
Lewis and Clark County Health Department, Helena
Liberty County Hospital, Chester
Livingston Health Care, Livingston
Madison Valley Hospital-Clinic, Ennis
Marcus Daly Memorial Hospital, Hamilton
Marias Medical Center, Shelby
McCone County Hospital, Circle
Mineral Community Hospital, Superior
Missoula Health Department, Missoula
Missouri River Medical Center, Fort Benton
Montana Chemical Dependency Center, Butte
Montana Development Center, Boulder
Montana Mental Health Nursing Care Center, Lewistown
Montana State Hospital, Warm Springs
North Valley Hospital, Whitefish
Northern Montana Healthcare, Havre
Phillips County Hospital, Malta
Powell County Medical Center, Big Timber
Rosebud Health Care Center, Forsyth
Saint Joseph Hospital, Polson
Saint Luke Community Hospital, Ronan
Shepherd's Way Assisted Living, Lewistown
Sheridan Memorial Hospital, Plentywood
Shodair Children's Hospital, Helena
Sidney Health Center, Sidney
St. James Hospital, Butte
St. John's Lutheran Hospital, Libby
St. Patrick Hospital, Missoula
St. Pete's Medical Center, Helena
St. Peter's Hospital, Helena
Stillwater Community Hospital, Columbus
Tamarack Management, Missoula
Teton County Rest Home, Choteau
Wheatland Memorial Healthcare, Harlowton

Smokefree Policies

Benefits Health Care, Great Falls
Billings Clinic, Billings
Bozeman Deaconess Hospital, Bozeman
St. Vincent's Health Care, Billings

Housing Authorities

Comprehensive Campus Wide or Facility Wide Smokefree Policies

Dawson County Housing Authority, Glendive
Helena Housing Authority, Helena
Housing Authority of Billings, Billings
Miles City Housing Authority, Miles City
Missoula Housing Authority, Missoula
Richland County Housing Authority, Sidney
Whitefish Housing Authority, Whitefish

Partial Facility Smokefree Policies

Great Falls Housing Authority, Great Falls
Housing Authority of Butte, Butte
Ronan Housing Authority, Ronan

College Campuses

Tobacco Free Policies

Fort Peck Community College, Wolf Point
Montana State University, Bozeman
Montana State University, Billings
Montana Tech, Butte
University of Montana, Helena College of Technology, Helena
University of Montana, Missoula
University of Montana Western, Dillon



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- 4) The Massachusetts Tobacco Control Program, Massachusetts Department of Public Health, Change in Nicotine Yields 1998 – 2004, Lois Keithly, Ph.D., Director; Doris Cullen, MA, Research Analyst; Thomas Land, Ph.D., Research Analyst.
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